Acknowledgment Receipt

closure Statement SUBMISSION TYPE: Information

APPLICATION NUMBER: 09998084

FIRST NAMED INVENTOR: Adrian de Silva

TITLE OF INVENTION: GAS IDENTIFICATION SYSTEM AND VOLUMETRIC ALLY

CORRECT GAS DELIVERY SYSTEM

ATTORNEY DOCKET NUMBER: BEARM-092A

FILE LISTING:

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DIGITAL CERTIFICATE HOLDER NAME: cn=Kit M. Stetina, ou=Registered Attorneys

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TRANSMITTAL FORM

Application

Number:

09/998,084

Attorney Docket

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Number:

092A

Stylesheet Version: 1.0

Submission Type: Information

Disclosure Statement

GAS IDENTIFICATION SYSTEM AND VOLUMETRIC ALLY CORRECT GAS DELIVERY SYSTEM

First Named Inventor: Adrian D. de Silva

SUBMITTED BY

Name:

Kit M. Stetina

Registration Number:

29,445

Electronic Signature Mark: /kms/

Date Signed: 20030415

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Attached Files:

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idsids.xml

Comments:

Electronic Information Disclosure Statement

GAS IDENTIFICATION SYSTEM AND VOLUMETRIC ALLY CORRECT GAS DELIVERY SYSTEM

09/998084

09/998084

Confirmation: 4364

Applicant(s): Adrian de Silva

Docket Number:

Application:

BEARM-092A

Group Art

3761

Unit:

Examiner:

(6302106 or 6138670 or 5924418 or 5837904 or 6363772 or 6001332 or 4974585 or 3859995 or

search string:

6089226 or 4964404 or 4821732 or 6196222 or 6253765 or 5887611 or 5503145 or 4939647 or 4195949 or 3916889 or 5678542 or 4776332 or 3722510 or 4442835 or 4182324 or 4014384 or

3831594 or 5429123).pn.

US Patent Documents

Note: Applicant is not required to submit a paper copy of cited US Patent Documents

init	Citation No.	Patent Number	Date	Bar Code	Patentee	Class	Subclass
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Signature

1980-01-08 *4182324*

1977-03-29 *4014384*

1974-08-27 *3831594*

1995-07-04 *5429123*

Hills

Rein

Marcus

Shaffer, et al.

Examiner Name	Date	

4182324

4014384

3831594

5429123

P23

P24

P25

P26

ELECTRONIC SUBMISSION OF IDS AUTHORIZATION

Docket Number:

BEARM-092A

Title:

GAS IDENTIFICATION SYSTEM AND VOLUMETRIC ALLY

CORRECT GAS DELIVERY SYSTEM

Client:

Bear Medical

Attachments:

IDS Electronic Form

By signing below, I authorize the electronic submission of the above-identified Information Disclosure Statement. I have reviewed the document and authorize a member of the support staff to affix an electronic signature on my behalf.

Kit M. Stetina

4/n/03

Registration No